| •               | 5430 13 10000 B. K   | Docume                           | ent Page 1                | of 19                    | 10 11.44.00                 | DCSO Main                |
|-----------------|--|----------------------------------|---------------------------|--------------------------|-----------------------------|--------------------------|
| Fill in this    | s information to identify your o   |                                  | in rade i                 | 0113                     |                             |                          |
| Debtor 1        | Robert Edgar Dov   | ud                               |                           |                          |                             |                          |
| DODIOI 1        | First Name   | Middle Name                      | Last Name                 |                          |                             |                          |
| Debtor 2        |  |                                  |                           |                          |                             |                          |
| (Spouse if, fil | ling) First Name   | Middle Name                      | Last Name                 |                          |                             |                          |
| United Sta      | ates Bankruptcy Court for the:   | EASTERN DISTRICT OF              | VIRGINIA                  |                          |                             |                          |
| Case num        | nber <b>19-10680</b>   |                                  |                           |                          |                             |                          |
| (if known)      |  |                                  |                           |                          | <b>■</b> C                  | check if this is an      |
|                 |  |                                  |                           |                          | а                           | mended filing            |
| O#:-:-I         | Γο was 400Γ/Γ  |                                  |                           |                          |                             |                          |
|                 | Form 106E/F  | Harra Harra                      |                           |                          |                             | 40/45                    |
|                 | ule E/F: Creditors W   |                                  |                           |                          |                             | 12/15                    |
|                 | the Continuation Page to this pag<br>case number (if known).<br>List All of Your PRIORITY Un                           | •                                | n to report in a Part, o  | do not file that Part.   | On the top of any addit     | tional pages, write your |
| 1. Do an        | y creditors have priority unsecured  | d claims against you?            |                           |                          |                             |                          |
| ■ No.           | . Go to Part 2.  |                                  |                           |                          |                             |                          |
| ☐ Yes           | S.   |                                  |                           |                          |                             |                          |
| Part 2:         | List All of Your NONPRIORIT  | Y Unsecured Claims               |                           |                          |                             |                          |
| 3. Do an        | y creditors have nonpriority unsec   | ured claims against you?         |                           |                          |                             |                          |
| □ No.           | . You have nothing to report in this pa  | art. Submit this form to the cou | irt with your other sche  | edules.                  |                             |                          |
| ■ Yes           | S.   |                                  |                           |                          |                             |                          |
| unsecu          | I of your nonpriority unsecured claured claim, list the creditor separately ne creditor holds a particular claim, list | for each claim. For each clair   | n listed, identify what t | ype of claim it is. Do r | not list claims already inc | luded in Part 1. If more |
|                 |  |                                  |                           |                          |                             | Total claim              |
| 4.1 <b>A</b>    | AFES   | Last 4 digits                    | of account number         | 7469                     |                             | \$3,737.00               |
|                 | onpriority Creditor's Name   |                                  |                           | Opened 04/04             | Loot Active                 |                          |
|                 | ttention: Bankruptcy<br>o Box 650060   | When was th                      | e debt incurred?          | Opened 04/04<br>11/18/18 | Last Active                 |                          |
| -               | allas, TX 75265  |                                  |                           | 11110/10                 |                             | -                        |
|                 | umber Street City State Zip Code   | As of the dat                    | e you file, the claim i   | s: Check all that appl   | у                           |                          |
| _               | ho incurred the debt? Check one.   | _                                |                           |                          |                             |                          |
|                 | Debtor 1 only  | ☐ Contingen                      |                           |                          |                             |                          |
|                 | Debtor 2 only  | ☐ Unliquidat                     | ed                        |                          |                             |                          |
|                 | Debtor 1 and Debtor 2 only   | ☐ Disputed                       | PRIORITY                  | l alaim.                 |                             |                          |
|                 | At least one of the debtors and and  |                                  | PRIORITY unsecured        | ı cıaım:                 |                             |                          |
|                 | Check if this claim is for a comnebt   | nunity                           |                           | ration agra              | liveree that were all a     |                          |
|                 | the claim subject to offset?   | report as prio                   |                           | ration agreement or c    | livorce that you did not    |                          |
|                 | No   | ☐ Debts to p                     | ension or profit-sharin   | g plans, and other sin   | nilar debts                 |                          |

☐ Yes

■ Other. Specify Charge Account

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Debtor 1 Robert Edgar Dowd 19-10680 Case number (if known) 4.2 Affirm Inc Last 4 digits of account number DYWI \$641.00 Nonpriority Creditor's Name Affirm Incorporated Opened 11/17 Last Active When was the debt incurred? Po Box 720 6/29/18 San Francisco, CA 94104 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other. Specify 4.3 **Bank Of America** Last 4 digits of account number 1350 \$777.00 Nonpriority Creditor's Name 4909 Savarese Circle Opened 05/12 Last Active FI1-908-01-50 When was the debt incurred? 11/24/18 Tampa, FL 33634 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 \$522.00 Capital One Last 4 digits of account number 9488 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/17 Last Active Po Box 30285 When was the debt incurred? 9/22/18 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacktriangled Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Credit Card

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Debtor 1 Robert Edgar Dowd 19-10680 Case number (if known) 4.5 Chgo Are Ocu Last 4 digits of account number 0689 \$2,664.00 Nonpriority Creditor's Name Opened 12/19/17 Last Active 600 W Madison When was the debt incurred? 11/02/18 Chicago, IL 60661 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other, Specify 4.6 Chgo Are Ocu Last 4 digits of account number 0398 \$782.00 Nonpriority Creditor's Name Opened 5/05/03 Last Active 600 W Madison When was the debt incurred? 9/14/18 Chicago, IL 60661 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.7 Chgo Are Ocu Last 4 digits of account number 1243 \$539.00 Nonpriority Creditor's Name Opened 8/17/18 Last Active 600 W Madison When was the debt incurred? 11/16/18 Chicago, IL 60661 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other. Specify

Unsecured

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| Robert Edgar Dowd                         |  | Case number (if known) 19-10680               |           |  |
|---|--|---|-----------|--|
| City of Takoma Park                       | Last 4 digits of account number                              | 4368  | \$40.0    |  |
| Nonpriority Creditor's Name               | — When we the debt in some do                                |   |           |  |
| PO Box 10579<br>Rockville, MD 20849       | When was the debt incurred?                                  |   |           |  |
| Number Street City State Zip Code         | As of the date you file, the claim                           | is: Check all that apply                      |           |  |
| Who incurred the debt? Check one.         |  |   |           |  |
| Debtor 1 only                             | ☐ Contingent   |   |           |  |
| ☐ Debtor 2 only                           | ☐ Unliquidated   |   |           |  |
| ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed   |   |           |  |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure                                 | d claim:                                      |           |  |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |           |  |
| debt                                      | ☐ Obligations arising out of a sepa                          | aration agreement or divorce that you did not |           |  |
| s the claim subject to offset?            | report as priority claims                                    |   |           |  |
| No  | ☐ Debts to pension or profit-sharing                         | ng plans, and other similar debts             |           |  |
| □ Yes                                     | ■ Other. Specify Toll Violati                                | on  |           |  |
| Credit Control Corp                       | Last 4 digits of account number                              | 0433  | \$1,558.0 |  |
| Nonpriority Creditor's Name               | _  |   |           |  |
| Po Box 120568                             | When was the debt incurred?                                  | Opened 04/18 Last Active 10/24/18             |           |  |
| Newport News, VA 23612                    | when was the debt incurred?                                  | 10/24/16                                      |           |  |
| Number Street City State Zip Code         | As of the date you file, the claim                           | is: Check all that apply                      |           |  |
| Who incurred the debt? Check one.         |  |   |           |  |
| Debtor 1 only                             | ☐ Contingent   |   |           |  |
| Debtor 2 only                             | ☐ Unliquidated   |   |           |  |
| Debtor 1 and Debtor 2 only                | ☐ Disputed   |   |           |  |
| At least one of the debtors and another   | Type of NONPRIORITY unsecure                                 | d claim:                                      |           |  |
| ☐ Check if this claim is for a community  | ☐ Student loans  |   |           |  |
| debt                                      |  | aration agreement or divorce that you did not |           |  |
| Is the claim subject to offset?           | report as priority claims                                    |   |           |  |
| No  | Debts to pension or profit-sharing                           |   |           |  |
| ☐ Yes                                     | Other. Specify Med Ctr.                                      | Attorney Sentara Northern Va                  |           |  |
| Credit One Bank                           | Last 4 digits of account number                              | 3062  | \$660.00  |  |
| Nonpriority Creditor's Name               | _  |   | -         |  |
| Attn: Bankruptcy Department               | · · · · · · · · · · · · · · · · · · ·                        | Opened 11/17 Last Active                      |           |  |
| Po Box 98873<br>Las Vegas, NV 89193       | When was the debt incurred?                                  | 11/27/18                                      |           |  |
| Number Street City State Zip Code         | As of the date you file, the claim                           | is: Check all that apply                      |           |  |
| Who incurred the debt? Check one.         |  |   |           |  |
| ■ Debtor 1 only                           | ☐ Contingent   |   |           |  |
| Debtor 2 only                             | ☐ Unliquidated   |   |           |  |
| ☐ Debtor 1 and Debtor 2 only              | ☐ Disputed   |   |           |  |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure                                 | d claim:                                      |           |  |
| ☐ Check if this claim is for a community  |  |   |           |  |
| debt Is the claim subject to offset?      | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |           |  |
| ■ No                                      | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |           |  |
| □ Yes                                     |  |   |           |  |
| <b>□</b> 162                              | Other. Specify Credit Care                                   | 4   |           |  |

| Debtor   | 1 Robert Edgar Dowd   | ——————————————————————————————————————                     | Case number (if known) 19-10680              |            |
|----------|---|--|--|------------|
| 4.1      | Department fo Veteran Affairs   | Last 4 digits of account number                            |  | \$9,500.00 |
| <u> </u> | Nonpriority Creditor's Name Debt Mgmt. Ctr, P.O. Box 11930 Bishop Henry Whipple Fed. Bldg Saint Paul, MN 55110  | When was the debt incurred?                                | . ,  |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim                         | is: Check all that apply                     |            |
|          | ■ Debtor 1 only □ Debtor 2 only   | ☐ Contingent☐ Unliquidated                                 |  |            |
|          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | report as priority claims                                  | ration agreement or divorce that you did not |            |
|          | No  | Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify   |  |            |
| 4.1      | First National Bank Nonpriority Creditor's Name   | Last 4 digits of account number                            | 5918   | \$665.00   |
|          | Attn: Bankruptcy 1620 Dodge St Mailstop 4440 Omaha, NE 68197  | When was the debt incurred?                                | Opened 01/11 Last Active 1/08/19             |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim                         | is: Check all that apply                     |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
|          | Yes   | Other. Specify Credit Card                                 |  |            |
| 4.1      | Lifetime Dental Care  | Last 4 digits of account number                            | 0090   | \$100.00   |
|          | Nonpriority Creditor's Name<br>14573 Potomac Mills Road<br>Woodbridge, VA 22192                                 | When was the debt incurred?                                |  |            |
|          | Number Street City State Zip Code   | As of the date you file, the claim i                       | is: Check all that apply                     |            |
|          | Who incurred the debt? Check one.   |  |  |            |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                              | d claim:                                     |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | No  | Debts to pension or profit-sharin                          | g plans, and other similar debts             |            |

☐ Yes

■ Other. Specify Medical Services

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| Pr 1 Robert Edgar Dowd  |  | Case number (if known) 19-10680              |             |
|---|--|--|-------------|
| National Enterprise Systems   | Last 4 digits of account number                              | 1PNC   | \$683.00    |
| Nonpriority Creditor's Name 2479 Edison Boulevard   | When was the debt incurred?                                  |  |             |
| Twinsburg, OH 44087  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |             |
| Debtor 1 only   | ☐ Contingent   |  |             |
| ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |
| ☐ Debtor 1 and Debtor 2 only  | Disputed   |  |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
| ☐ Check if this claim is for a community  | ☐ Student loans  |  |             |
| debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |
| No  | Debts to pension or profit-sharing                           | g plans, and other similar debts             |             |
| Yes   | Other. Specify Collections                                   | for PNC Bank                                 |             |
| Navy Federal Credit Union   | Last 4 digits of account number                              | 8777   | \$11,376.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Morrifield VA 32110              | When was the debt incurred?                                  | Opened 05/17 Last Active 2/28/19             |             |
| Merrifield, VA 22119  Number Street City State Zip Code                                   | As of the date you file, the claim i                         | s: Check all that apply                      |             |
| Who incurred the debt? Check one.   |  |  |             |
| ■ Debtor 1 only   | ☐ Contingent   |  |             |
| Debtor 2 only   | ☐ Unliquidated   |  |             |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
| ☐ Check if this claim is for a community debt   | Student loans  |  |             |
| Is the claim subject to offset?   | report as priority claims                                    | ration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |             |
| Yes   | Other. Specify Unsecured                                     | loan   |             |
| NEB Doctors of Virginia   | Last 4 digits of account number                              | 5038   | \$246.00    |
| Nonpriority Creditor's Name PO Box 922189   | When was the debt incurred?                                  |  | ΨΣ-10.00    |
| Norcross, GA 30010  | _  |  |             |
| Number Street City State Zip Code Who incurred the debt? Check one.                       | As of the date you file, the claim i                         | s: Check all that apply                      |             |
| Debtor 1 only   | Continuent   |  |             |
| Debtor 2 only   | ☐ Contingent☐ Unliquidated                                   |  |             |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |             |
| ☐ Check if this claim is for a community  | Student loans  |  |             |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |             |
| ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |             |

☐ Yes

■ Other. Specify Medical Services

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| Den      | Robert Eugar Dowu                                       |  | Case number (ii known)                                     |            |  |  |
|----------|---|--|--|------------|--|--|
| 4.1<br>7 | NetCredit   | Last 4 digits of account number                              | 3816   | \$5,127.00 |  |  |
|          | Nonpriority Creditor's Name                             |  | Opened 10/17 Last Active                                   |            |  |  |
|          | 175 W. Jackson Blvd., Suite 1000<br>Chicago, IL 60604   | When was the debt incurred?                                  | 8/10/18  |            |  |  |
|          | Number Street City State Zip Code                       | As of the date you file, the claim                           | is: Check all that apply                                   |            |  |  |
|          | Who incurred the debt? Check one.                       |  |  |            |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|          | ☐ Debtor 1 and Debtor 2 only                            | ☐ Disputed   |  |            |  |  |
|          | $\square$ At least one of the debtors and another       | Type of NONPRIORITY unsecure                                 | d claim:   |            |  |  |
|          | ☐ Check if this claim is for a community                | Student loans  |  |            |  |  |
|          | debt Is the claim subject to offset?                    | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not              |            |  |  |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts                           |            |  |  |
|          | ☐ Yes   | Other. Specify Unsecured                                     |  |            |  |  |
| 4.1      | Nymeo Fcu   | Last 4 digits of account number                              | 9613   | \$5,508.00 |  |  |
| 8        | Nonpriority Creditor's Name                             | Last 4 digits of account number                              |  | ψ3,300.00  |  |  |
|          | 5210 Chairmans Ct                                       | When was the debt incurred?                                  | Opened 06/11 Last Active 11/05/18                          |            |  |  |
|          | Frederick, MD 21703                                     | _  | 11/03/10   |            |  |  |
|          | Number Street City State Zip Code                       | As of the date you file, the claim                           | is: Check all that apply                                   |            |  |  |
|          | Who incurred the debt? Check one.                       | _  |  |            |  |  |
|          | Debtor 1 only   | Contingent   |  |            |  |  |
|          | Debtor 2 only   | Unliquidated   |  |            |  |  |
|          | Debtor 1 and Debtor 2 only                              | Disputed   |  |            |  |  |
|          | At least one of the debtors and another                 | Type of NONPRIORITY unsecure                                 | d claim:   |            |  |  |
|          | ☐ Check if this claim is for a community debt           | ☐ Student loans  |  |            |  |  |
|          | Is the claim subject to offset?                         | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not              |            |  |  |
|          | ■ No  | Debts to pension or profit-sharing                           |  |            |  |  |
|          | ☐ Yes   | Other. Specify Credit Card                                   | <u> </u>   |            |  |  |
| 4.1      | 1   |  |  |            |  |  |
| 9        | OneMain Financial  Nonpriority Creditor's Name          | Last 4 digits of account number                              | 7234   | \$3,508.00 |  |  |
|          | Attn: Bankruptcy  |  | Opened 04/17 Last Active                                   |            |  |  |
|          | 601 Nw 2nd Street                                       | When was the debt incurred?                                  | 12/31/18   |            |  |  |
|          | Evansville, IN 47708  Number Street City State Zip Code | As of the date you file, the claim                           | is. Chack all that apply                                   |            |  |  |
|          | Who incurred the debt? Check one.                       | As of the date you me, the claim                             | s of the date you file, the claim is: Check all that apply |            |  |  |
|          | Debtor 1 only   | ☐ Contingent   |  |            |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |
|          | Debtor 1 and Debtor 2 only                              | ☐ Disputed   |  |            |  |  |
|          | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecure                                 | d claim:   |            |  |  |
|          | ☐ Check if this claim is for a community                | Student loans  |  |            |  |  |
|          | debt  | ☐ Obligations arising out of a sepa                          | aration agreement or divorce that you did not              |            |  |  |
|          | Is the claim subject to offset?                         | report as priority claims                                    |  |            |  |  |
|          | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts                           |            |  |  |
|          | ☐ Yes   | ■ Other. Specify Note Loan                                   |  |            |  |  |

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Debtor 1 Robert Edgar Dowd Case number (if known) 19-10680 4.2 OrthoVirginia, Inc. 2521 \$406.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 75831 When was the debt incurred? Baltimore, MD 21275 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Medical Services 4.2 **Pentagon Federal Credit Union** 0813 \$6,404.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/16 Last Active Po Box 1432 When was the debt incurred? 8/20/18 Alexandria, VA 22313 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Automobile 4.2 Pentagon Federal Credit Union 3774 \$425.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 7/28/16 Last Active Po Box 1432 When was the debt incurred? 11/01/18 Alexandria, VA 22313 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Check Credit Or Line Of Credit ☐ Yes

Document Page 9 of 19 Debtor 1 Robert Edgar Dowd 19-10680 Case number (if known) 4.2 **Prince William County** 3113 \$591.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **Tax Administration Division** When was the debt incurred? PO Box 2467 Woodbridge, VA 22195-2467 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Tax Debt ☐ Yes 4.2 Professional Acct. Mgmt. LLC-9285 \$1,056.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? **PO Box 785** Milwaukee, WI 53201 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections for Unpaid Tol Violations ☐ Yes 4.2 **RMCB** 3138 \$178.00 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 1235 When was the debt incurred? Elmsford, NY 10523 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Collections for EZ-Pass

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Document Page 10 of 19 Debtor 1 Robert Edgar Dowd 19-10680 ase number (if known) 4.2 8339 \$466.00 Sentara Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 791168 When was the debt incurred? Baltimore, MD 21279 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes 4.2 Speedy Cash 2842 \$1,132.00 Last 4 digits of account number Nonpriority Creditor's Name **Customer Relations** When was the debt incurred? PO Box 780408 Wichita, KS 67278 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Loan 4.2 Synchrony Bank/Walmart 5938 \$735.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/14 Last Active Po Box 965060 When was the debt incurred? 8/20/18 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

■ Other. Specify Charge Account

report as priority claims

 $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Page 11 of 19 Document Debtor 1 Robert Edgar Dowd 19-10680 Case number (if known) 4.2 Synchrony Bank/Walmart 0505 \$407.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/02 Last Active Po Box 965060 When was the debt incurred? 8/20/18 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes Synchrony/Ashley Furniture 4.3 \$2,063.00 0281 O **Homestore** Last 4 digits of account number Nonpriority Creditor's Name Opened 09/17 Last Active Attn: Bankruptcv Po Box 965064 When was the debt incurred? 10/12/18 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.3 **Target** 2689 \$368.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/14 Last Active Po Box 9475 When was the debt incurred? 11/01/18 Minneapolis, MN 55440 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

Debts to pension or profit-sharing plans, and other similar debts

Document Page 12 of 19 Debtor 1 Robert Edgar Dowd 19-10680 ase number (if known) 4.3 **Usaa Federal Savings Bank** 7485 \$2,893.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/10 Last Active 10750 Mcdermott Freeway When was the debt incurred? 9/24/18 San Antonio, TX 78288 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.3 **USAA Federal Savings Bank** 3627 \$375.00 Last 4 digits of account number 3 Nonpriority Creditor's Name When was the debt incurred? 10750 McDermott Freeway San Antonio, TX 78288 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Deposit Account 4.3 Villages at Rippon Landing 2231 \$900.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Sequoia Management Company When was the debt incurred? PO Box 1459 Commerce, GA 30529 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Homeowners Association

Is the claim subject to offset?

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| Debte    | or 1 Robert Edgar Dowd   |  | Case number (if known) 19-10680              |            |
|----------|--|--|--|------------|
| 4.3<br>5 | Violation Processing Ctr   | Last 4 digits of account number                              | 6133   | \$80.00    |
|          | Nonpriority Creditor's Name P.O. Box 1234                            | When was the debt incurred?                                  |  |            |
|          | Clifton Forge, VA 24422  | when was the dept incurred:                                  |  |            |
|          | Number Street City State Zip Code                                    | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                                    |  |  |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|          | Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|          | ☐ Yes  | ■ Other. Specify Toll Violation                              | on   |            |
|          |  |  |  |            |
| 4.3<br>6 | Visa Dept Store National Bank/Macy's                                 | Last 4 digits of account number                              | 4740   | \$1,256.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053             | When was the debt incurred?                                  | Opened 10/14 Last Active 7/25/18             |            |
|          | Mason, OH 45040  |  |  |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | s: Check all that apply                      |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|          | Yes  | Other. Specify Charge Acc                                    | count  |            |
| 4.3      | Washington Gas   |  | 4161   | \$613.00   |
| 7        | Nonpriority Creditor's Name  | Last 4 digits of account number                              |  | φ013.00    |
|          | P.O. Box 37747<br>Philadelphia, PA 19101                             | When was the debt incurred?                                  |  |            |
|          | Number Street City State Zip Code                                    | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                                    |  |  |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|          | Check if this claim is for a community                               | Student loans  |  |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar debts             |            |
|          | Yes  | Other. Specify Utility                                       |  |            |
|          |  |  |  |            |

## Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Robert Edgar Dowd  |  | Case number (if known) 19-10680  |       |  |  |
|---|--|--|-------|--|--|
| Name and Address PNC Bank   | On which entry in Part 1 or Part : Line <b>4.14</b> of ( <i>Check one</i> ): | 2 did you list the original creditor?  ☐ Part 1: Creditors with Priority Unsecured Claim |       |  |  |
| P.O. Box 856177<br>Louisville, KY 40285                             | Line 4.14 or (Check one).  | ■ Part 2: Creditors with Nonpriority Unsecured Claim                                     |       |  |  |
|   | Last 4 digits of account number  |  |       |  |  |
| Name and Address  | On which entry in Part 1 or Part 2 did you list the original creditor?       |  |       |  |  |
| Virginia Dept. of Transporatio                                      | Line 4.24 of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claim  | s     |  |  |
| Attn: Fiscal Division<br>1401 E. Broad Street<br>Richmond, VA 23219 |  | Part 2: Creditors with Nonpriority Unsecured Co  | laims |  |  |
| ,   | Last 4 digits of account number  |  |       |  |  |

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim     |
|-----------------------|-----|---|-----|-----------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total                 |     |   |     |                 |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|                       |     |   |     | Total Claim     |
| Total                 | 6f. | Student loans   | 6f. | \$<br>0.00      |
| claims                |     |   |     |                 |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>68,981.00 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>68,981.00 |

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| Fill in this inform             | ation to identify your case:                          |   |
|---------------------------------|---|---|
| Debtor 1                        | Robert Edgar Dowd                                     |   |
| Debtor 2<br>(Spouse, if filing) |   |   |
| United States Ba                | ankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA |   |
| Case number                     | 19-10680  | Check if this is:   |
| (If known)                      |   | An amended filing   |
|                                 |   | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo                     | orm 106l  | MM / DD/ YYYY   |
| Schedule                        | e I: Your Income                                      | 12/   |

15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | t 1: Describe Employment                                    |                      |   |  |
|----|---|----------------------|---|--|
| 1. | Fill in your employment information.                        |                      | Debtor 1                                    | Debtor 2 or non-filling spouse           |
|    | If you have more than one job,                              | Empleyment status    | ■ Employed                                  | ■ Employed                               |
|    | attach a separate page with information about additional    | Employment status    | ☐ Not employed                              | ☐ Not employed                           |
|    | employers.  | Occupation           | Self Employed                               | Patient Coordinator                      |
|    | Include part-time, seasonal, or self-employed work.         | Employer's name      | ZipStant LLC                                | NOVA Orthopedic Spine Care               |
|    | Occupation may include student or homemaker, if it applies. | Employer's address   | 2231 Diloreta Drive<br>Woodbridge, VA 22191 | PO Box 5237<br>Woodbridge, VA 22194-5237 |
|    |   | How long employed to | here?                                       | starts April 1st                         |

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. Calculate gross Income. Add line 2 + line 3.

|    |     | For Debtor 1 |      | Debtor 2 or filing spouse |
|----|-----|--------------|------|---------------------------|
| 2. | \$  | 0.00         | \$   | 3,206.67                  |
| 3. | +\$ | 0.00         | +\$_ | 0.00                      |
| 4. | \$  | 0.00         | \$_  | 3,206.67                  |

| Deb | tor 1  | Robert Edgar Dowd   |  | C    | Case number (if known)   | 19-1068  | 0  |                             |
|-----|--|---|--|------|--|--|--|-----------------------------|
|     | Сор  | y line 4 here   | 4.   |      | For Debtor 1   |  | otor 2 or<br>ng spouse<br>3,206.67                     |                             |
| 5.  |  | all payroll deductions:   |  |      |  |  |  | -                           |
| 5.  | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:   | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h. |      | \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00         | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ | 446.33<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | -<br>-<br>-<br>-            |
| 6.  | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.   | ;    | \$0.00   | \$   | 446.33   | -                           |
| 7.  | Calc   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.   | ;    | \$0.00_  | \$   | 2,760.34   | -                           |
| 8.  | 8b. 8c. 8d. 8e. 8f. 8g. 8h.                          | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  VA Disability Benefits  Uber/Lyft driver  Pension or retirement income Other monthly income. Specify: | 8a.<br>8b.<br>8c.<br>8d.<br>8e.                      |      | \$ 1,133.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 4,800.00<br>\$ 0.00<br>\$ 0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00   | -                           |
| 9.  | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.   | \$   | 6,474.83   | \$   | 0.00   | -<br>1                      |
| 10. | <b>Calc</b><br>Add                                   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.  | \$   | 6,474.83 + \$  | 2,760  |  | 9,235.17                    |
|     | othe<br>Do r<br>Spe                                  |   | depe   | able | to pay expenses list   | ed in <i>Sche</i>  | edule J.<br>11. +\$                                    | 0.00                        |
|     | Write<br>appl  |   | n Liai   |      |  | a, if it   | 12. \$Combir   | 9,235.17<br>ned<br>y income |
| 13. | Do y   | you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:  | ?  |      |  |  |  |                             |

Official Form 106I Schedule I: Your Income page 2

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# United States Bankruptcy Court Eastern District of Virginia

| In re   | Rok       | oert Edgar Dowd  |  |  | Case No.           | 19-10680                         |
|---------|-----------|--|--|--|--------------------|----------------------------------|
|         |           |  | Debtor                                   | (s)                                    | Chapter            | _13                              |
|         |           |  |  |  |                    |                                  |
|         |           |  |  |  |                    |                                  |
| A 1     |           | (A) 4 - 4 - 6 - 11 - 12 12 - 4 (A)                                 | AMENDMENT COV                            |  | 1                  |                                  |
| Amendi  | ment(     | (s) to the following petition, list(s), s                          |  |  | herewith:          |                                  |
|         |           | Involuntary/Voluntary Petition                                     |  |  |                    | Ministration 121 mag             |
|         |           | Check if applicable: Soc. Se mailed/hand-delivered to the          |  |  | nai, signea (      | Jiliciai Form 121 was            |
|         |           | Summary of Your Assets and I                                       |  |  | tion Individ       | huale Only)                      |
|         | $\exists$ | Declaration (Individuals - Form                                    |  |  | non - marvic       | idais Omy)                       |
|         | H         | Schedule A/B – Property  | ir 100Dee) (110ir marvia                 | 101111 202)                            |                    |                                  |
|         | H         | Schedule C – The Property You                                      | u Claim as Exempt                        |  |                    |                                  |
|         | $\Box$    | Schedule D – Creditors Who H                                       |  | Property (See LBI                      | R 1009-1)          |                                  |
|         |           | Schedule E/F – Creditors Who                                       | -  |  |                    |                                  |
|         | <b>√</b>  | Schedule E/F Creditors Who H                                       |  |  |                    |                                  |
|         |           | ( <u>\$31.00 fee required</u> if adding                            |  | a creditors, chang                     | ing amounts        | owed or classification of        |
|         |           | <i>debt.</i> ) Check applicable stater                             |  |  |                    |                                  |
|         |           | <b>✓</b> Creditor(s) added   |  | itor(s) deleted                        |                    |                                  |
|         |           | Change in amounts ov   |  |  | 1 .0               |                                  |
|         |           |  |  |  | classification     | n of debt changed. [Docket:      |
|         |           | Amended Schedule(s)  Post-petition creditors                       |  |  |                    |                                  |
|         |           | REMINDER: Conversion of  |  |  | dule of Unn        | asid Debts                       |
|         |           | Schedule G – Executory Contra                                      |  |  | duic or onp        | alu Debis.                       |
|         | H         | Schedule H – Codebtors   | acts and one-price zon                   | ,••                                    |                    |                                  |
|         | <b>✓</b>  | Schedule I – Your Income   |  |  |                    |                                  |
|         |           | Schedule J – Your Expenses   |  |  |                    |                                  |
|         |           |  |  |  |                    |                                  |
|         |           | e form "NOTICE TO CREDITOR   |  |  |                    |                                  |
|         |           | nt of debtor(s) Social Security Number                             |  |  |                    |                                  |
|         |           | bout Your Social Security Number<br>amended Social Security Number |  | eu or submitteu t                      | o tile Clerk       | s Office for Testricted          |
|         | ı uıc     | Statement of Financial Affairs                                     | into the case record.                    |  |                    |                                  |
|         |           | Statement of Intention for Individua                               | als Filing Under Chapter                 | r 7                                    |                    |                                  |
|         |           |  | •  | 1 /                                    |                    |                                  |
|         |           | Chapter 11 List of Equity Security                                 |  |  | A                  | XX71 A N T . 1                   |
|         |           | Chapter 11: The List of Creditors W                                | =  | Unsecured Claim                        | is Against Y       | ou Who Are Not Insiders          |
|         |           | Attorney's Disclosure of Compensa                                  | ition                                    |  |                    |                                  |
|         |           | Other:   |  |  |                    |                                  |
|         |           | NOTICE OF  | AMENDMENT(S) TO                          | O AFFECTED PA                          | ARTIES             |                                  |
| Pursuan | it to F   | Federal Rule of Bankruptcy Procedur                                | re 1009(a) and Local Ru                  | le 1009-1, I certify                   | y that notice      | of the filing of the             |
| amendn  | nent(s    | s) checked above has been given this                               | date to the United State                 | es Trustee, the trus                   | stee in this ca    | ase, and to any and all entities |
|         |           | he amendment as follows:   |  |  |                    |                                  |
| Date:   | Apri      | il 9, 2019   |  |  |                    |                                  |
|         |           |  | /s/ Michael J. O. S<br>Michael J. O. San |  |                    |                                  |
|         |           |  |  |  | a <b>h</b> ta#(a)] |                                  |
|         |           |  | Attorney for Debtors State Bar No.:      | or(s) [or <i>Pro Se</i> Do<br>46443 VA | ebtor(s)]          |                                  |
|         |           |  | Mailing Address:                         |  | IIC                |                                  |
|         |           |  | ivianing Address:                        | 12801 Darby Bro                        |                    |                                  |
|         |           |  |  | Suite 201                              |                    |                                  |
|         |           |  |  | Woodbridge, VA                         | 22192              |                                  |
|         |           |  | Telephone No.:                           | 703-494-3323                           |                    |                                  |

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# United States Bankruptcy Court Eastern District of Virginia

| In re    | Robert Edgar Dowd   |                            |  | Case No.     | 19-10680                         |
|----------|---|----------------------------|--|--------------|----------------------------------|
|          |   | Debto                      | or(s)                                    | Chapter      | 13                               |
| TO:      |   |                            |  |              |                                  |
|          | tment fo Veteran Affairs  |                            |  |              |                                  |
|          | Mgmt. Ctr, P.O. Box 11930   |                            |  |              |                                  |
|          | p Henry Whipple Fed. Bldg<br>Paul, MN 55110   |                            |  |              |                                  |
| Janit    | aui, Mit 33110  |                            |  |              |                                  |
|          |   |                            |  |              |                                  |
|          |   |                            |  |              |                                  |
|          |   | NOTICE                     |  |              |                                  |
|          | CREDI   | TOR(S) (RE A               | MENDMENT)                                |              |                                  |
|          | NOTICE IS HEREBY GIVEN that an amer   | ndment to the abov         | e-captioned debtor's                     | schedules h  | as been filed                    |
|          |   |                            |  |              |                                  |
|          |   | deleting you a             |  |              |                                  |
|          |   | correcting you             | ir address                               |              |                                  |
| A copy   | of the amendment is forwarded to you togeth   | er with this notice.       |  |              |                                  |
|          | [If amendment is adding creditor(s)] NOT  | ICE IS FURTHER             | GIVEN that also for                      | warded to    | you together with this notice is |
|          | of the notice of the meeting of creditors called  |                            |  |              |                                  |
|          | iving the particulars of the case and stating the to the discharge and complaints to determine  |                            |  |              |                                  |
|          | s been entered, a subsequent notice to file clai  |                            |  |              |                                  |
|          | ed creditor(s).   | , ,,                       |  |              |                                  |
|          |   | Robert Edgar D             | owd                                      |              |                                  |
|          |   |                            |  |              |                                  |
| Date:    | <b>April 9, 2019</b> By   | /s/ Michael J. O.          |  |              |                                  |
|          |   |                            | otor [or <i>Pro Se</i> Debto<br>46443 VA | r]           |                                  |
|          |   | State Bar No.:<br>Address: | Fisher-Sandler, LL                       | C            |                                  |
|          |   | radiess.                   | 12801 Darby Brook                        |              |                                  |
|          |   |                            | Suite 201                                | 0400         |                                  |
|          |   | Telephone No.:             | Woodbridge, VA 2: 703-494-3323           | 2192         |                                  |
|          |   | relephone ivo              | 100 404 0020                             |              |                                  |
|          |   | <b>CERTIFICA</b>           | TION                                     |              |                                  |
|          | Leartify that on April 0 2010 Learn   | and a construct the fee    | oragaing nation on th                    | a United Sta | otas Trustas, any annointad      |
| trustee, | I certify that on <b>April 9, 2019</b> , I serve and any and all entities affected by the amend |                            |  |              |                                  |
|          |   | /s/ Michael J. O.          | Sandler                                  |              |                                  |
|          |   | Michael J. O. Sa           |  |              |                                  |
|          |   |                            | otor [or <i>Pro Se</i> Debto             | r]           |                                  |
|          |   | -                          |  |              |                                  |
|          |   |                            |  |              |                                  |

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# United States Bankruptcy Court Eastern District of Virginia

| In re | Robert Edgar Dowd |           | Case No. | 19-10680 |
|-------|-------------------|-----------|----------|----------|
|       |                   | Debtor(s) | Chapter  | 13       |

# AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury that I have read the foregoing F, I, consisting of page(s), and that they are true and correct to the best of my knowledge, information, and belief. |               |           |  |  |  |  |
|---|---------------|-----------|--|--|--|--|
| Date  | April 9, 2019 | Signature | /s/ Robert Edgar Dowd Robert Edgar Dowd Debtor |  |  |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.